

CITY OF LIBERTY

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206 West Front Street • P.O. Box 716
Liberty, South Carolina 29657
Telephone: 864-843-3177 Fax: 864-843-9400

POLICE CHIEF
ADAM GILSTRAP

PUBLIC
WORKS/WATER
TIM MOORE

RECREATION
TONY BOITER

CITY OF LIBERTY MATCHING FACADE GRANT

The City of Liberty's Matching Façade Grant opportunity was created to benefit the City's business by offering to match, dollar for dollar, up to \$5,000.00, improvements made to the businesses façade or front of their business. In assisting the city's businesses in this endeavor, it will help beautify the city, promote tourism, and foster a community spirit. The proposed improvements can be but are not limited to the following;

- New awning for front of building
- Painting
- Window replacement
- New signage
- Plants; benches; planters
- Lighting

Improvements must be approved **before** the work can take place (unless prior permission is granted by the City) and all façade improvements must meet the zoning and architectural ordinances of the City and be in accordance with the Façade Grant design.

APPLICATION

Please fill out information below and submit to City Hall. Generally, approval of proposed upgrades will be within 7 days of submission of application. Please be as specific as possible in the description. For questions, please contact the City Administrator at 864-843-3177, Ext 4 or via email at bevilsizor@libertysc.com. Façade grants are limited to the availability of budgeted funds.

1. Applicant Name: _____
2. Contact Name: _____
3. Name of Tenant: _____
4. Name of Business: _____
5. Telephone Number: _____ Fax Number: _____
6. Email Address: _____
7. Project Address: _____
8. Mailing Address: _____
9. Does the applicant own the project building? _____ Yes _____ No

If the answer to the above question is no, please attach a letter from the owner expressing approval of the project proposal.

10. Will you be using the services of an architect, engineer, or contractor? ___Yes___ No
11. If yes, list your architect, engineer, or contractor of preference with name and contact number of business: _____
12. Estimated Total Project Cost: (A) _____ (attach itemized budget)
13. Owner to match 50% of Total: (B) _____

Total Grant Requested from City: (A-B) _____ (50% of the project cost not to exceed \$2,000)

Attach qualified contractor quote(s) and all cost breakdowns by category such as masonry repair, window replacement, etc. If the work will be done in-house, attach an itemized list and projected expenses.

14. Proposed Start Date: _____

15. Proposed Completion Date: _____

16. What is the existing use of the building? _____

17. Will this project proposal cause a change in the buildings use? ____Yes ____No

18. If so, please explain. _____

19. Please write a summary of the complete project scope. You may attached additional pages. _____

Signature of Property Owner

Signature of Applicant

APPLICANTS WHO DEVIATE FROM THE APPROVED APPLICATION OR DO NOT PROVIDE COMPLETE APPLICATION WILL BE DISQUALIFIED FROM THIS GRANT PROGRAM.

For City Hall Use:	
Application Received By: _____	Date Received: _____
Review Date: _____	Approval Date: _____
Approved Amt of Matching Funds: \$ _____	
Signature of Mayor: _____	
<i>Brian Petersen</i>	

**Substitute W-9
Request for Taxpayer Identification Number & Certification**

In order to comply with the Internal Revenue Code, we are required to obtain your Federal Identification Number to be used in reporting the payments we make to you. Please complete the following information and return to the address below. Please type or print your information on the form below. Your cooperation in this matter is greatly appreciated.

Vendor: _____
Address: _____
City, State, Zip: _____

Please mark the Type of Entity:

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Governmental Unit
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC or other

Company Name

Employer Identification #

If individual or sole proprietor, also give name and SSN.

Name (print)

SSN

Authorized Signature _____

Title _____

Date _____

Telephone # _____

Email Address

Name of Primary Contact